HCTC: State Elections Letter

David R. Williams Program Director, Health Coverage Tax Credit SE:W:HCTC Rm. 7537 1111 Constitution Ave., NW Washington, D.C. 20224

Dear Mr. Williams:

Belo to m

		tails regarding the qualified health insurance options the state of has chosen e to eligible participants under the tax credit:	
a.	State of	ficial responsible for implementing this decision:	
	0	Name:	
	0	Title:	
	0	Address:	
	0	City:	
	0	State:	
	0	ZIP:	
	0	Telephone Number:	
b.	Option r	number (enter option 2-8):	
c.	Name of the option:		
d.	Policy number or unique identifier of the option:		
e.	Name a who car	nd telephone number for the plan administrator or insurance carrier official a provide additional information:	
	0	Name:	
	0	Telephone Number:	
f.		hat the following four requirements are met for each plan under this option. enter a response of either "Yes" or "No" on the lines provided):	
	i.	Guaranteed issue: Qualifying individuals must be guaranteed enrollment regardless of their medical status and must be permitted to remain enrolled so long as they pay the premium:	
	ii.	No preexisting condition restrictions: No preexisting condition restriction may be imposed on a qualifying individual:	
	iii.	iii. Nondiscriminatory premium: The premium charged for a qualifying individual may not be greater than the premium for a similarly situated person who is not receiving the credit:	
	iv.	Benefits are the same (or substantially the same) under coverage provided to similarly situated individuals who are not qualifying individuals:	

If you or	any of your staff have any questions, please contact	et the following individual:
•	Name:	-
•	Title:	
•	Address:	-
•	City:	
•	State:	_

Sincerely,